

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND  
CAMPAIGN DISCLOSURE

2010 MAY 17 AM 9:32

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

### CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM  
DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

### For Office Use Only

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

*Dennis W. Menefee*

712-270-3327

05/12/10

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A May 19, 2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,402.00

Schedule F: Loans Received total (Attach Schedule F)

1,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

3,402.00

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,221.93

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1,180.07

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

827.31

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

75.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

### CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03/30/10	ID# CK# 8910	Gloria August 3221 4th Ave Pl Sioux City, IA 51106	Mother	\$500	<input type="checkbox"/>
03/30/10	ID# CK# 5911	Rober G. Knowler 4001 Old Lakeport Rd Sioux City, IA 51106		200	<input type="checkbox"/>
04/02/10	ID# CK# 8394	Bill Hanke P.O. Box 4652 Sioux City, IA 51104		100	<input type="checkbox"/>
04/12/10	ID# CK# 5638	Lora L. Wessling 2060 Kings Ct Sgt Bluff, IA 51054	Aunt	50	<input type="checkbox"/>
04/22/10	ID# CK# Cash	Jim and Pam Paul 2115 So. Glass Sioux City, IA 51106	Sister	100	<input type="checkbox"/>
04/24/10	ID# CK# 3310	Stewart A. Huff 185 Windflower Bend Dakota Dunes, SD 57049		100	<input type="checkbox"/>
04/25/10	ID# CK# 5097	Roxanne Hamann 2316 Lenox Ave Anthon IA 51004-8122		100	<input type="checkbox"/>
04/25/10	ID# CK# 3253	Richard Matousek 1718 Military Rd Sioux City, IA 51103		100	<input type="checkbox"/>
04/26/10	ID# CK# 5528	Richard C. Engle 3624 Juniper Court Sioux City, IA 51106		100	<input type="checkbox"/>
04/26/10	ID# CK# 2677	Darrell Lake 6004 Pineview Dr Sioux City, IA 51106		30	<input type="checkbox"/>
SUB-TOTAL				\$ 1380	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONEY RECEIPTS**

☐ CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

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04/27/10	ID# CK# 1795	Robert H. Bennett 716 Jennings St Sioux City, IA 51105		\$50	<input type="checkbox"/>
04/27/10	ID# CK# 5563	Walter Beckwith 2454 Apache Ct Sioux City, IA 51104		20	<input type="checkbox"/>
04/27/10	ID# CK# 3236	Harlin Vermeer 506 Hunnington Ct Sergeant Bluff, IA 51054		20	<input type="checkbox"/>
04/29/10	ID# CK# 9919	Carolyn Ellwanger 3904 Kateri Ct Sioux City, IA 51106		50	<input type="checkbox"/>
04/29/10	ID# CK# 12700	Deb Hale 22215 C 80 Sioux City, IA 51108		20	<input type="checkbox"/>
04/29/10	ID# CK# 4080	Dr. J.K. Roach 603 38th St Sioux City, IA 51104		100	<input type="checkbox"/>
04/30/10	ID# CK# Cash	Kent and Cindy Argo 4507 Meadow Lane Sioux City, IA 51104		20	<input type="checkbox"/>
04/30/10	ID# CK# 1072	Thomas and Sheryl Brosamle 501 South Lewis Blvd Sioux City, IA 51106		100	<input type="checkbox"/>
04/30/10	ID# CK# 5382	Howard M. Logan 309 Jackson St PO Box 506 Merville, IA 51039		50	<input type="checkbox"/>
05/01/10	ID# CK# 4598	Irving F. and Carolyn Jensen 4320 Perryway 51104-1124		100	<input type="checkbox"/>
SUB-TOTAL				\$ 530	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/01/10	ID# CK# 7741	Warren G. Nelson 40 Ridgeview Rd Sioux City, IA 51104-4052		\$50	<input type="checkbox"/>
05/01/10	ID# CK# 9763	Doug Johnson 36 Ridgeview Rd Sioux City, IA 51104-4052		20	<input type="checkbox"/>
05/03/10	ID# CK# 2194	Sheila R. Schossow 1420 South Linn St Sioux City, IA 51106-1420		50	<input type="checkbox"/>
05/03/10	ID# CK# Cash	Lee Brennan P.O. Box 241 Sgt Bluff, IA 51054		20	<input type="checkbox"/>
05/03/10	ID# CK# Cash	Thomas D. Eliades 2915 Sunset Circle Sioux City, IA 51104		20	<input type="checkbox"/>
05/03/10	ID# CK# 2135	Paul & Mary Braunger 1440 Hamilton Blvd Sioux City, IA 51103		50	<input type="checkbox"/>
05/04/10	ID# CK# 10787	Robert E. DeLoss 3105 Jennings St Sioux City, IA 51104		25	<input type="checkbox"/>
05/05/10	ID# CK# 9590	Dale B. Hill 3416 6th Ave Sioux City, IA 51106		15	<input type="checkbox"/>
05/06/10	ID# CK# 9840	Gaylen Knaack 1441 Osceola Ave Correctionville, IA 51016		25	<input type="checkbox"/>
05/06/10	ID# CK# 3364533	Durand C. Waters 5922 Brook Falls Windcrest TX 78239		100	<input type="checkbox"/>
SUB-TOTAL				\$ 375	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/07/10	ID# CK# 7794	Paul A. Patterson 3306 Ridge Ave Sioux City, IA 51106		\$25	<input type="checkbox"/>
05/07/10	ID# CK# 9578	Lawrence G. Harrington 3507 Alpine Ave Sioux City, IA 51106		20	<input type="checkbox"/>
05/10/10	ID# CK# 1436	Wayne C. Johnson 2915 South Olive Sioux City, IA 51106		25	<input type="checkbox"/>
05/11/10	ID# CK# 12385	George F. Madsen 3916 Sylvian Way Sioux City, IA 51104		30	<input type="checkbox"/>
05/11/10	ID# CK#	Unitemized		17	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 117	
TOTAL (if last page of this schedule)				\$ 2402	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/12/10	ID# CK# 1	Schoolhouse Stock 1918 Geneva St Sioux City, IA 51103	Campaign Buttons	\$ 10.70
04/15/10	ID# CK# 2	USPS Morningside Station Sioux City, IA 51106	Stamps	176
04/22/10	ID# CK# 3	USPS Morningside Station Sioux City, IA 51106	Stamps	176
04/22/10	ID# CK# 4	Impressions 4305 Stone Ave Sioux City, IA 51106	Postcards	85.60
04/25/10	ID# CK# 5	Signs by Tomorrow 4777 Southern Hills Dr Sioux City, IA 51106	Screen Printing Yard Signs	1,384.03
04/28/10	ID# CK# 6	USPS Morningside Station Sioux City, IA 51106	Stamps	264
04/30/10	ID# CK# 1020	Impressions	Postcards	85.60
05/07/10	ID# CK# 1021	Morningside Commercial Club 4010 Morningside Ave Sioux City, IA 51106	Parade Entry Fee	40
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 2,221.93

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
03/22/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	2,500 Red, White, Trevi Pens	\$ 568.24
04/03/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Candy for Parade	39.89
04/22/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Laser Labels and Envelopes	60.17
04/22/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Supplies for Yard Signs	11.34
04/26/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Copy Paper	34.14
04/26/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Sign at Smithland, IA	17.87
05/02/10	Michael Clayton 3600 Transit Ave Sioux city, IA 51106	Magnets for Signs	19.20
SUB-TOTAL			\$ 750.85
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

<b>SCHEDULE</b> <b>D</b> (Rev. 08/98)	<b>INCURRED</b> <b>INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX</b> <b>IF AMENDING</b> <b>FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD**  
**(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/05/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Monogram	\$ 13.90
05/06/10	Michael Clayton 3600 Transit Ave Sioux City, IA 51106	Materials for Merville, IA Sign	47.60
05/07/10	Michael Clayton	Wood Treatment for Merville IA, Sign	14.96
SUB-TOTAL			\$ 76.46
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 827.31

\*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 2  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

Reset Form

**SCHEDULE  
E**  
(Rev. 06/97)

**IN-KIND  
CONTRIBUTIONS**

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
04/22/10	Robert G. Knowler 4001 Old Lakeport Rd. Sioux City, IA 51106		Envelopes, stationary	\$ 75.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 75.00	
TOTAL (if last page of this schedule)				\$ 75.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

**RESET****COMMITTEE NAME**(Must be same as on Statement of Organization)

MIKE CLAYTON FOR TREASURER

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAID**☐ **CHECK THIS BOX IF  
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** \_\_\_\_\_**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
04/25/10	Michael Clayton 3600 Transit Ave Sioux City, Iowa 51106	He is the candidate	\$ 1000

**TOTAL (PART I)** \$ 1000**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

**TOTAL CASH REPAYMENTS (PART II)** \$ \_\_\_\_\_From Schedule E -- **TOTAL LOANS FORGIVEN** \$ \_\_\_\_\_**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 1000

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